


OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF WEST VIRGINIA  
619 Virginia Street West  
Charleston, WV 25302

Certified is a true copy of the original record of case number **WV-2012-3229**  
**Elton Chester Wine** on file at the Office of the Chief Medical Examiner,  
State of West Virginia.

Signed: 

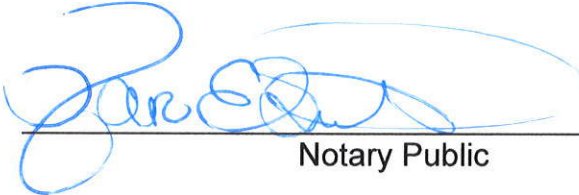
STATE OF WEST VIRGINIA,  
COUNTY OF KANAWHA, TO WIT:

I HEREBY CERTIFY that, on this 9<sup>th</sup> day of May, 2013, before me, the  
subscriber a Notary Public of the State of West Virginia, in and for Kanawha  
County aforesaid, personally appeared

**Allen R. Mock, M.D.**

for the State of West Virginia, and made oath in due form of law that the  
attached report of case number **WV-2012-3229**, is a true and exact copy of  
the Original Record on file at the Office of the Chief Medical Examiner for the  
State of West Virginia, 619 Virginia Street West, 25302, and that he is duly  
authorized to make this affidavit under the provisions of West Virginia Code  
61-12-13.

AS WITNESS my hand and notorial seal the day and year last above  
written.

  
Notary Public

My Commission Expires: August 8, 2016

OCME - 13



JAMES A. KAPLAN, M.D.  
Chief Medical Examiner

NABILA HAIKAL, M.D.  
First Deputy Chief Medical Examiner

ZIA SABET, M.D.  
Deputy Chief Medical Examiner

HAMADA MAHMOUD, M.D.  
Deputy Chief Medical Examiner

ALLEN MOCK, M.D.  
Deputy Chief Medical Examiner

JIMMIE K.A. SMITH, M.D.  
Deputy Chief Medical Examiner  
(Morgantown)

SUSAN E. VENUTI, M.D.  
Deputy Chief Medical Examiner

JAMES KRANER, PH.D.  
Chief Toxicologist

JOHN M. CARSON, D.D.S., DABMDI  
Chief Dental Examiner

DOUGLAS OWSLEY, PH.D.  
Forensic Anthropologist



EARL RAY TOMBLIN  
Governor

STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
619 Virginia Street West  
Charleston, WV 25302  
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**REPORT OF DEATH INVESTIGATION  
AND POST-MORTEM EXAMINATION FINDINGS**

**CASE NO. WV-2012-3229**

**WINE, Elton Chester**

Date of Birth: May 11, 1941      Age: 71 years  
Date of Death: September 13, 2012  
Pronouncement: September 13, 2012 @ 11:56 p.m.  
Body Received at OCME: Sept. 14, 2012 @ 5:57 a.m.  
Date of Examination: September 14, 2012  
Examination Commence: 10:05 a.m.  
Examination Conclude: 10:40 a.m.

Autopsy Performed at:      Office of the Chief Medical Examiner  
619 Virginia Street, West  
Charleston, WV 25302

Autopsy Performed by:      **Allen R. Mock, M.D.**  
**Deputy Chief Medical Examiner**

County Medical Examiner:      Roland W. Kniceley, Doddridge County M.E.  
Investigating Agency:      Lt. Reider, West Virginia Dept. of Public Safety  
FIU Investigator:      Regina Reynolds, OCME Investigator

Appended:      **Toxicology Report**

**WINE, Elton Chester**  
**WV-2012-3229**

**Page 2**

### **IDENTIFICATION**

The decedent is visually identified, confirmed by a tan identification tag attached to the right great toe. An additional white identification bracelet encircles the right ankle.

### **EXTERNAL EXAMINATION**

The decedent is received in a supine position, surrounded by a clean white sheet. The body is enclosed within a white body bag secured with lock tab #3004028, verified to be intact and confirmed by the tab number recorded on the OCME-1.

**CLOTHING AND OTHER ITEMS ACCOMPANYING THE BODY:** The decedent is received wearing a plaid jacket, a brown long sleeved shirt, blue jeans, and a brown belt with white metal buckle. Personal effects include a white metal analog watch of "Timex" manufacture worn on the left wrist. Accompanying the body is a West Virginia Commercial driver's license issued to the decedent (#XX81051, retained), \$225.00 in paper currency, \$0.54 in coinage, a bag containing a green leafy substance, a package of rolling papers, and a mandibular denture plate. No additional personal effects accompany the decedent.

**BODY DESCRIPTION:** The body is that of a normally developed adult white male who appears somewhat younger than the reported age of 71 years. The body is of slender habitus (Body Mass Index =  $20.4 \text{ kg/m}^2$ ), with a body length of 73 inches and a body weight of 155 pounds, as received within the body bag. There are no significant decompositional changes or evidence of embalming. Livor mortis is purple and unfixed over the posterior surfaces of the body, except in areas exposed to pressure. Rigor mortis is well established across all joints. The body is cool to the touch following a period of refrigeration.

The skin is generally tanned with facial skin changes characteristic of chronic sun exposure. The face is without evidence of additional injury. The hairline recedes 2 inches anteriorly. The hair is of thinning volume, dark brown (with grey flecks) in color, wavy, and measures approximately 4 inches in length over the top of the head. The face is clean shaven. The scalp is without evidence of injury on external examination. The eyelids are closed. The corneas are clear with faint arcus senilis. The irides are hazel. The pupils are round and equal, measuring 3 mm in diameter bilaterally. The medial left sclerous is injected; and the right sclerous is white. The sclerae and conjunctivae are without petechial hemorrhages. The ears are unremarkable bilaterally. The nose and nasal skeleton are intact. The mouth, including the lips and buccal mucosa, is without evidence of injury. The mouth is edentulous with a maxillary denture plate in place.

The neck is remarkable for injuries referable to resuscitation, to be described below. On the anteroinferior midline neck, there are purpuras. The thorax is well developed and symmetrical with prominent pectus excavatum. The abdomen is flat to scaphoid. There is an average amount of body hair in a typical adult male distribution.

**WINE, Elton Chester**  
**WV-2012-3229**

**Page 3**

The limbs are equal and symmetrically developed but remarkable for injuries, to be described below. On the bilateral posteroinferior forearms and dorsal hands, there are purpuras. The hands are enclosed within brown paper bags. The fingernails are long, soiled, and irregularly trimmed. The toenails are of moderate length, soiled, and irregularly trimmed. There is no appreciable fingernail or toenail damage.

The back and buttocks are well formed and symmetric but remarkable for minor injury, to be described above. The external genitalia are those of a normal circumcised adult male. The anus is unremarkable, without fecal incontinence.

### **SCARS, TATTOOS, AND GENERAL SURFACE FEATURES:**

**Scars:** On the bilateral anterolateral wrists, there are 1 inch horizontally oriented, linear scars. On the bilateral posterior forearms, there are numerous haphazardly arranged scars measuring up to 1/2 inch in greatest dimension.

**Tattoos:** No tattoos are readily apparent.

**Other Surface Features:** As noted above, there are stigmata of chronic sun exposure.

### **EVIDENCE OF MEDICAL THERAPY**

On the bilateral anterior forearms and medial calves, there are four adhesive electrocardiogram pads. Within the oropharynx, there is a properly placed endotracheal tube without a fixation device. On the right anterolateral neck, there is a puncture wound with surrounding induration and extravasation. Within the right antecubital fossa, there is a puncture wound with subcutaneous infiltration. On the left anteromedial forearm, there is a 1 3/4 inch ovoid contusion with conspicuous central clearing. There is no evidence of remote surgical therapy on external or internal examination. There are fractures of right anterior ribs 6-7, right parasternal ribs 7-9, and left anterior ribs 7-9; referable to resuscitation attempts.

### **EVIDENCE OF POST-MORTEM ORGAN/TISSUE PROCUREMENT**

None.

### **EVIDENCE OF INJURY**

#### **Description of blunt force injuries:**

**Blunt force injuries of the head:** Overlying the left temporal skull, there is a 2 1/2 ovoid collection of subscalpular and subgaleal hemorrhage. There is no associated skull fracture or gross intracranial injury.

**Blunt force injuries of the torso:** On the right anterior axillary fold, there are small stippled purple contusions. On the right medial mid-back, there is a 1/4 inch scabbed abrasion.



**WINE, Elton Chester**  
**WV-2012-3229**

**Page 4**

**Blunt force injuries of the extremities:** Involving regions of the forearms involved by purpuras, there are multiple superficial skin avulsions. On the right anterolateral middle forearm, there is a 1/2 inch superficial skin avulsion. On the right posteromedial lower forearm, there is a 3/4 inch superficial skin avulsion. On the right posterior wrist, there is a 1 1/4 inch collection of discontinuous superficial skin avulsions. On the left posterior hand, there is a 1/4 inch laceration. On the right anterolateral knee, there is a 1/2 inch ovoid, purple contusion.

### **INTERNAL EXAMINATION**

**Head and central nervous system:** Injuries of the scalp are described above. The calvarium and dura are unremarkable. The brain weighs 1500 grams. The cerebral hemispheres are symmetrical with unremarkable gyri and sulci. The leptomeninges are thin, delicate, and translucent. The intracranial vasculature shows no significant atheromatous involvement or malformation. Specifically, the visualized portions of the carotid arteries appear patent. Serial sections of the cerebrum, cerebellum, and brainstem demonstrate no significant gross pathology. Removal of the dura from the base of the skull demonstrates no pathology. The upper cervical spinal cord viewed in-situ is unremarkable.

**Neck:** Examination of the soft and bony tissues of the neck reveals no abnormalities. The hyoid bone and thyroid cartilages are intact.

**Body cavities:** The thoracic and abdominal cavities are entered through the usual Y-shaped incision. All organ systems display normal anatomic relationships. The pleural, pericardial, and peritoneal cavities are free of pathologic fluid accumulation. The serosal surfaces are smooth and glistening, without significant adhesions. The diaphragm is intact. The abdominal wall adipose measures 1/2 inch in thickness at the level of the umbilicus.

**Cardiovascular system:** The heart weighs 350 grams. The epicardial surface is unremarkable. The chambers and valves demonstrate a normal architecture with right ventricular dilatation and concentric left ventricular hypertrophy. The following circumferential valve measurements are obtained: Aortic valve, 7.7 cm; Mitral valve, 7.7 cm; Tricuspid valve, 14.1 cm; and Pulmonic valve, 7.3 cm. The mitral valve demonstrates fibrocalcific degenerative changes. The left and right ventricular free walls measure 1.8 and 0.5 cm in thickness, respectively; the interventricular septum measures 1.4 cm in thickness. Within the posterior interventricular septum, there is a 0.5 cm focus of myocardial fibrosis. The coronary arteries and ostia are normally disposed. The middle and distal left anterior descending coronary artery segments both demonstrate pinpoint stenosis. The middle and distal right main coronary artery segments demonstrate 30% and 90% stenosis, respectively. Plaques in the middle segment are fibrocalcific. The left proximal and middle circumflex artery segments demonstrate 40% and 30% stenosis, respectively. Plaques in the proximal segment are fibrocalcific. The aorta demonstrates severe friable, ulcerated, fibrocalcific plaques; and is mildly distended distally; however, no definitive aneurysm is noted.

**WINE, Elton Chester**  
**WV-2012-3229**

**Page 5**

**Respiratory system:** Examination of the larynx, trachea, and bronchial tree shows no abnormalities. The lungs are markedly hyperinflated, meeting at the anterior midline with costal impressions. The right and left lungs weigh 480 and 500 grams, respectively. The cut surfaces exude minimal amounts of serosanguineous fluid and are without focal findings. There are conspicuous generalized emphysematous changes with abundant subpleural/peribronchial/perivascular anthracosis. The pulmonary vasculature is dilated but otherwise unremarkable.

**Hepatobiliary system:** The liver weighs 1660 grams and displays an unremarkable capsular surface. Cut surfaces are tan brown with the usual anatomic landmarks. There is patchy pale steatosis in a geographic pattern. The gallbladder contains 3 ml of thin liquid bile without stones. The biliary tree is patent.

**Lymphoreticular system:** The spleen weighs 320 grams. The intact splenic capsule is smooth and glistening. The cut parenchymal surface is remarkable only for congestion. The thymus is involuted. The lymph nodes, when visualized, show no pathologic change.

**Urinary system:** The right and left kidneys weigh 170 and 150 grams, respectively. The renal capsules strip with usual ease and the underlying cortical surfaces are superficially pitted. The cortical thickness is normal. The renal medullae, pelves, and ureters are unremarkable. The urinary bladder contains 250 ml of clear yellow urine. The urinary bladder mucosa is remarkable only for exaggerated trabeculation.

**Gastrointestinal system:** No pharyngeal pathology is identified. The tongue is unremarkable. The distal esophagus demonstrates multiple mucosal erosions without associated hemorrhage. The stomach contains 60 ml of brown fluid with meat fragments. There are no identifiable pill fragments within the gastric lumen. The gastric mucosa displays no pathologic lesions. The small and large intestines are unremarkable. The appendix is unremarkable.

**Endocrine system:** The pituitary, thyroid, adrenals, and pancreas are unremarkable.

**Internal genitalia:** The prostate is coarsely nodular but generally symmetrical. The seminal vesicles and testes are free of abnormality.

**Musculoskeletal system:** Rib fractures referable to resuscitation are described above; bones and adipose are otherwise unremarkable. The musculature is well-developed.

**Other findings:** None.

#### **MICROSCOPIC EXAMINATION**

Histologic examination is deferred.

**WINE, Elton Chester**  
**WV-2012-3229**

**Page 6**

### **AUTOPSY IMAGING**

**PHOTOGRAPHY:** Routine photographs are obtained at autopsy; archived within the OCME case file.

**RADIOGRAPHY:** Deferred.

**FINGERPRINTS:** RH 1; archived within the OCME case file.

### **ANCILLARY PROCEDURES**

None.

### **MATERIAL RETAINED**

**EVIDENCE COLLECTED:** None.

### **TISSUE/FLUID SAMPLES RETAINED:**

- Preserved in formalin: routine organ tissue samples.
- Frozen for toxicologic analysis: samples of subclavian blood, urine, vitreous fluid, liver, and gastric contents.
- Retained for potential DNA analysis: blood sample card x 2.

### **FINDINGS**

- I. Sudden death due to cardiac arrhythmia during physical restraint by law enforcement for violent resisting of arrest in the setting of severe two-vessel atherosclerotic coronary artery disease; contributory conditions include marked pulmonary emphysema and hypertensive cardiovascular disease**
- a. Atherosclerotic cardiovascular disease**
    - i. Coronary atherosclerosis, severe in two vessels**
    - ii. Focal intramural fibrosis, posterior interventricular septum**
    - iii. Aortic atherosclerosis, calcific, severe**
    - iv. Calcific mitral valvulopathy**
    - v. Clinical history of carotid artery stenosis, bilateral**
  - b. Pulmonary emphysema, marked**
    - i. Lung hyperinflation, bilateral, marked**
    - ii. Right ventricular dilatation**
  - c. Hypertensive cardiovascular disease**
    - i. Concentric left ventricular hypertrophy; wall thickness, 1.8 cm**
    - ii. Distal abdominal aorta swelling without frank aneurysm**
    - iii. Congestive splenomegaly; spleen, 320 grams**
    - iv. Benign nephrosclerosis, severe**
      - 1. Simple renal cysts, 5 cm maximum**
- II. Toxicology: No drugs or ethanol are detected in postmortem subclavian blood**

**WINE, Elton Chester**  
**WV-2012-3229**

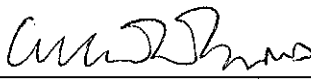
**Page 7**

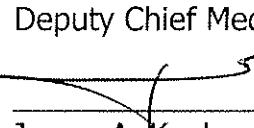
- III. Investigation: Consistent with death due to an irregular heartbeat during physical restraint by law enforcement for resisting arrest with violence**
  - a. Sanctioned restraint applied by law enforcement officers in response to violent resistance on the part of the decedent**
  - b. Clinical history of hypertension and chronic obstructive pulmonary disease**
- IV. Natural Disease, deemed noncontributory**
  - a. Hepatic steatosis, patchy**
  - b. Adrenal cortical hyperplasia**
  - c. Nodular prostatic hypertrophy, marked**
  - d. Focal distal esophageal mucosal erosions**
- V. Blunt force injuries, deemed noncontributory**
  - a. Subscalpular and subgaleal hemorrhage of the left temporal scalp**
  - b. Multiple superficial skin avulsions of the bilateral forearms**
  - c. Laceration of the left posterior hand**
  - d. Contusion of the right knee**

**OPINION**

It is our opinion that Elton Chester Wine, a 71-year-old man died due to a cardiac arrhythmia (irregular heartbeat) while being physically restrained by members of law enforcement in response to the decedent's violent resisting of arrest; all in the setting of the decedent's severe two-vessel atherosclerotic coronary artery disease; with contributory marked pulmonary emphysema (chronic obstructive pulmonary disease) and hypertensive cardiovascular disease. Sanctioned restraint was applied in response to violent resistance on the part of the decedent.

**MANNER OF DEATH:** The circumstances surrounding the death, as determined by the death investigation and post-mortem examination, indicate that the manner of death is best certified as homicide.

 11/09/2012  
Allen R. Mock, M.D. Date  
Deputy Chief Medical Examiner

 11/13/12  
James A. Kaplan, M.D. Date  
Chief Medical Examiner

**APPENDED: Toxicology Laboratory Report #2012-3229**  
ARM/JAK



STATE OF WEST VIRGINIA  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
**TOXICOLOGY REPORT**

**Name of Deceased:** Wine, Elton  
**Case Number:** 12-3229  
**Pathologist:** Dr. Mock

**Date of Request:** 09-14-12  
**Date Received:** 09-14-12

**Samples Received**

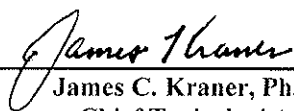
- ☒ Subclavian Blood  
☐ Hospital Blood  
☒ Gastric Contents  
☒ Urine  
☐ Bladder Rinse  
☒ Liver  
☒ Vitreous Fluid  
☐ Tissue \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Analysis Performed**

- ☒ Alcohol (Blood)  
☒ Drugs of Abuse Immunoassay (Urine)  
☐ LC TOF/MS Screen (Blood)  
☐ LC/MS/MS Screen (Blood)  
☒ Alkaline Drug Screen (Urine)  
☒ Alkaline Drug Screen (Blood)  
☒ Acidic and Neutral Drug Screen (Blood)  
☒ Drug Confirmation and Quantitation (Blood)  
☐ Chemistry Panel (Vitreous Fluid)  
☐ Other \_\_\_\_\_

**Results**

Sample	Drug	Concentration	Therapeutic	Toxic	Lethal
Blood	Ethanol	None Detected			
Blood	Drugs	None Detected			

  
James C. Kraner, Ph.D.  
Chief Toxicologist

10/17/12  
Date